Prescription Authorization Form





This form must be completed and signed for <u>each</u> JUXTAPID prescription. Fax this form to 1-855-898-2498.

ALL FIELDS ARE REQUIRED | PLEASE PRINT

PATIENT INFORMATION			
First Name:	Middle Initial:	Last Name:	
Address:		Phone:	
City:		Email:	
State: Zip:		Date of Birth:	
JUXTAPID PRESCRIPTION			
Dose: mg po q hs (recommended starting dosage is 5 mg daily). Quantity to dispense: Refills:			
Additional Instructions:			
PRESCRIBER INFORMATION			
First Name:	Middle Initial:	Last Name:	
Office Contact:			
Address:		Office Fax:	
City:			
State: Zip:		NPI #:	
	PRESCRIBER ATTESTAT	ION OF REMS REQUIREMENTS	
including LDL apheresis who (TC), apolipoprotein B (apo E homozygous familial hyperoI affirm that my patient has a	ere available, to reduce lo 3), and non-high-density l holesterolemia (HoFH). I clinical or laboratory dia	junct to a low-fat diet and other lipid-low ow-density lipoprotein cholesterol (LDL-C ipoprotein cholesterol (non-HDL-C) in par gnosis consistent with HoFH. ated tests for this patient as directed in the	c), total cholesterol tients with
Lab Testing Recommendat	ions		
Prior to initiating therapy	- Measure ALT, AST, alkaline phosphatase, and total bilirubin.		
During the first year	- Measure liver-related tests (ALT and AST, at a minimum) monthly or prior to each increase in dose whichever occurs first.		
After the first year	- Measure liver-related tests (ALT and AST, at a minimum) at least every 3 months and before any increase in dose.		
		y behalf for the limited purposes of trans le appropriate pharmacy designated by	
Prescriber Signature:	Dispense as Written	Substitution Permitted	Date

*The prescriber shall comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc., as required. Non-compliance with state-specific requirements could result in pharmacy outreach to the prescriber.

If you have any questions, please contact the JUXTAPID REMS Coordinating Center. Phone: 1-85-JUXTAPID (1-855-898-2743) | Fax: 1-855-898-2498 | www.juxtapidREMSprogram.com